
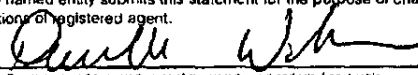
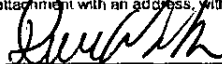


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/5

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-05-2004 90050 022 ***150.00

DOCUMENT # J52295		
1. Entity Name CABINETS BY WALPAR, INC.		
Principal Place of Business % DARRELL WAYNE WALKER 1641-7 LAND O' LAKES BLVD LUTZ, FL 33549		Mailing Address % DARRELL WAYNE WALKER 1641-7 LAND O' LAKES BLVD LUTZ, FL 33549
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent WALKER, DARRELL WAYNE 1641-7 LAND O' LAKES BLVD LUTZ, FL 33549		DO NOT WRITE IN THIS SPACE
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/31/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, DARRELL WAYNE 1641-7 LAND O'LAKES BLVD LUTZ, FL	
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DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  DARRELL WALKER		Date 4-24-04 Daytime Phone # 8139496888